

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/31/2006	
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP				STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 048	<p>482.13(b)(1) PARTICIPATION IN CARE PLANNING</p> <p>The patient has the right to participate in the development and implementation of his or her plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and staff interviews the treatment teams failed to obtain patient signatures on the treatment plans and failed to document reasons the patients and/or guardians did not sign for 3 of 7 patients sampled (Patients # 9,12, and 14).</p> <p>Findings include:</p> <p>On 8-31-2006 the hospital policy titled "Master Treatment Plan (Psychiatric)" was reviewed and it stated, "The patient and when appropriate, his/her family attend the treatment plan meeting and participate in the development of the master treatment plan. If a patient is unable to attend the treatment plan meeting, a designated member of the treatment team will review the plan with the patient and document on the Master Treatment Plan the reasons the patient was unable to participate in the treatment team meeting."</p> <p>On 8-31-2006 the "Treatment Planning Manual of July, 2005" was reviewed. It stated: "Patient and Family/guardian Participation: The patient and family/guardian, if indicated, are involved in the treatment planning process. Every effort should be made to have the patient in attendance at the meeting. If the patient cannot attend the meeting, a member of the team should be assigned to review the MTP with the patient after</p>			A 048			11/7/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 048	<p>Continued From page 1</p> <p>the meeting. The patient's signature is required on the MTP."</p> <p>Medical record review conducted on 8-30-06 and 8-31-06 revealed patient #9, a 33-year-old female admitted on 8-2-06 with a diagnosis of Bipolar Disorder, severe with psychosis. Patient #9 was discharged on 8-23-06.</p> <p>Further review of patient #9's record revealed an Admission Care Map dated 8-7-06 and a Master Care Plan dated 8-9-06. No documentation in relation to pt.#9's attendance or reasons pt.#9 or legal guardian did not attend.</p> <p>Medical record review conducted on 8-30 and 8-31-06 revealed patient #12, a 59-year-old female admitted on 7-20-06 with a diagnosis of Bipolar Disorder, severe, manic, psychotic. Patient #12 is a current patient.</p> <p>Further review of patient #12's record revealed an Admission Care Map dated 7-21-06 and a Master Care Plan Review dated 8-9-06. No documentation in relation to pt.#12's attendance or reasons pt.#12 or legal guardian did not attend.</p> <p>Medical record review conducted on 8-30-06 and 8-31-06 revealed patient #14, a 55-year-old female on 8-15-06 with a diagnosis of Schizophrenia, paranoid. Patient #14 is a current patient.</p> <p>Further review of patient #14's record revealed an Admission Care Map dated 8-15-06, a Master Care Plan dated 8-22-06 and a Treatment Plan Review dated 8-30-06. No documentation in relation to pt.#14's attendance or reasons pt.#14</p>	A 048			

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A 048	Continued From page 2 or legal guardian did not attend. On 8-30-06 and 8-31-06, interviews of four staff members, all of whom attend MCP meetings, stated that anyone on the team might be asked to go over the plan with a patient and have him/her sign. They stated that the MD is the team leader and could not be specific as to the reason for the deviation from policy.	A 048			